



**COUNTY BOROUGH OF BURY.**

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**REPORT**

ON THE

**Medical Inspection of School Children,**

**For the Year Ended December 31st, 1925.**

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**G. GRANVILLE BUCKLEY, M.D., D.P.H.,**

SCHOOL MEDICAL OFFICER, MEDICAL OFFICER OF HEALTH,

AND

CHIEF TUBERCULOSIS OFFICER.

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PRINTED AT THE "TIMES" OFFICE, CROSS STREET.

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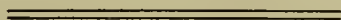


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PUBLIC HEALTH DEPARTMENT,

CLOUGH STREET, BURY,

March 19th, 1926.

*To the Chairman and Members of the Education Committee,  
County Borough of Bury.*

LADIES AND GENTLEMEN,

I beg to submit for your consideration my Annual Report on the Medical Inspection of School Children during the year ended December 31st, 1925.

No important changes have taken place during the year in the Local Authority's scheme for Medical Inspection. It was fully expected that a dental clinic would have been established, but difficulties have arisen in obtaining suitable premises.

The work of the Minor Ailments clinic continues to grow. The number of attendances in 1925 shows an increase of 717 over the figure for the preceding year, and the accommodation is now taxed to the utmost.

Two changes in the staff have taken place during the year. Dr. Condry, the Assistant School Medical Officer, resigned on obtaining another appointment, Dr. Evelyn Bebbington being appointed to the vacancy. It now becomes possible to accede to the desire of the Board of Education that the Medical Inspection of the girls attending the Secondary School should be carried out by a medical woman. The second change was necessitated by the untimely death of Dr. Smith, the School Oculist. Dr. James Ratcliffe, of Bolton, Ophthalmic Surgeon to the Bury Infirmary, was appointed in his place.

I take this opportunity of expressing my thanks to Dr. Bebbington, Dr. Ratcliffe, the Director of Education and his staff, the Head Teachers of the various schools, the Clerical Staff of the Health Department, and to the School Nurses for the assistance they have given to me, and to you, ladies and gentlemen, for your courtesy and consideration.

I am, Ladies and Gentlemen,

Your obedient Servant,

G. GRANVILLE BUCKLEY.



# County Borough of Bury.

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## MEDICAL INSPECTION OF SCHOOL CHILDREN.

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### STAFF.

The School Medical Inspection Staff consists of :—

The School Medical Officer, who also acts as Medical Officer of Health and Chief Tuberculosis Officer.

One Assistant School Medical Officer, who also acts as Assistant Medical Officer of Health and Assistant Tuberculosis Officer.

Two School Nurses.

The clerical work is performed by the clerical staff of the Health Department.

Co-ordination of the work of the School Medical Service with that of the other Health Services is assured owing to the fact that the School Medical Staff is also responsible for the control of the various activities of the Health Department.

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## ELEMENTARY SCHOOLS.

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### MEDICAL INSPECTION.

Four groups of children are inspected annually, viz. :—

1. " Entrants."
2. " Intermediates " (aged 8 years).
3. " Leavers " (aged 12-14 years).
4. " Specials " (children brought to the notice of the School Medical Officer by the Teachers or Nurses as suffering from some palpable disease or defect).

All children in the above groups who have been referred either for treatment or observation are re-examined after a suitable interval has elapsed. Cases requiring special supervision are seen at the Clinic from time to time with a view to ascertaining whether the necessary medical attention is being received.

The Schedule of Medical Inspection issued by the Board of Education has been followed throughout.

The Teachers and School Nurses have been instructed to bring to the notice of the School Medical Officer any children who, in their opinion, are abnormal in any way. Periodically lists of children considered defective are obtained from Head Teachers. Such children are specially examined and early information as to crippling and other defects is thus obtained. These cases are examined not only on the occasion of the Medical Officer's visits to schools, but may be sent to the clinic on any morning. Valuable information is also received from the School Attendance Officers.

When carrying out Medical Inspection, every effort is made to avoid unnecessary disturbance of the school arrangements. In a few schools there are one or more rooms which are not used as classrooms, and these are always used for Medical Inspection. In the majority of the schools, however, it is necessary to make use of a classroom for the purpose.

## **REVIEW OF THE FACTS DISCLOSED BY MEDICAL INSPECTION.**

**Uncleanliness.**—I am pleased to be able to record a continued improvement in the cleanliness of children attending the public Elementary Schools. During the year under review only 33 children were in such an unclean condition that it was considered necessary to exclude them from school. There were in addition 1,050 children who were found to have a few nits only. Notices were sent to the parents calling their attention to the condition.

One child (compared with two in 1924 and none in 1923) was found to have a verminous or offensively dirty body.

In addition to the Routine Medical Inspections periodical examinations for cleanliness are made by the School Nurses. They

again devoted four weeks to a thorough inspection of all the schools immediately after the long vacation, when the children return often in a very neglected condition.

In cases where uncleanness exists a circular is sent to the parent calling his attention to the fact and giving instructions for cleansing and other advice. If, on subsequent examination, the condition is found to persist a card more strongly worded is sent. If on a third examination the condition still persists the child is excluded. In bad cases the child is excluded at once. All excluded children are inspected at the clinic as to their fitness for return to school, and in every case a sufficient improvement has been effected without resort to prosecution, though the assistance of the attendance officers and of the Inspector for the Prevention of Cruelty to Children has frequently to be invoked. Unfortunately many children quickly relapse.

The loaning of Sacker Combs to parents is proving very successful, combs having been lent on 150 occasions during the year, and mothers now frequently borrow them from the clinic of their own accord. Many mothers have now bought their own combs.

**Minor Ailments.**—The cases of Minor Ailments met with are included under their respective headings, viz. :—Skin Diseases, External Eye Diseases, &c.

**Tonsils and Adenoids.**—During the year 59 children were found to be suffering from enlarged tonsils requiring treatment, while 57 were suffering from enlargement without evidence of ill-effect, and were referred for observation. Thirty-seven children were referred for treatment for adenoids and 48 for observation, while the corresponding figures for children suffering from both conditions together were 44 and 20 respectively.

**Tuberculosis.**—Two cases of definite Pulmonary Tuberculosis were discovered. Eleven suspicious cases were referred for treatment and eleven for observation. Other forms of Tuberculosis found were :—

Glands : Ten referred for treatment and seven for observation.

Spine : One referred for observation.

Hip : Two referred for observation.

Other bones and joints : None.

Skin : One referred for treatment and one for observation.

Other forms : Two referred for treatment and two for observation.

**Skin.**—A number of cases of Skin Disease were discovered during the Routine Inspections, and many more were sent as "specials" to the clinic for treatment. By far the greater number were cases of Impetigo. Among the cases of Skin Disease found were :—

	Referred for Treatment.	Referred for Observation only.
Ringworm, Head ... ..	14	0
Ringworm, Body ... ..	24	0
Scabies ... ..	2	0
Impetigo ... ..	101	0
Other Skin Diseases (Non-Tubercular) ..	47	5

**External Eye Disease.**—Seventy-seven cases of external eye disease requiring treatment were found during the year, whilst nine further cases were referred for observation only. The following table shows the nature of these cases :—

	Referred for Treatment.	Referred for Observation only.
Blepharitis ... ..	36	4
Conjunctivitis ... ..	20	3
Keratitis ... ..	4	0
Corneal Opacities ... ..	4	1
Other conditions ... ..	13	1

**Defective Vision and Squint.**—288 cases of defective vision (of less acuity than  $\frac{6}{12}$  in either eye) and squint were found. Of these 224 were cases of defective vision and 23 cases of squint. 247 were referred for treatment and 41 for observation only.

**Ear Diseases and Hearing.**—Fourteen children were found to be suffering from defective hearing, 51 from Otitis Media, and 5 from other ear diseases. The Head Teachers have been provided with the names of children in their schools who have, in the past, suffered from discharging ears, so that these cases may be kept under better supervision. Children who have been treated at the clinic are called up subsequently, from time to time, in order that any recurrence may be detected.

**Dental Defect.**—As usual a very large number of children were found to be suffering from defective teeth. The seriousness of this condition is not realised by parents, and it is extremely difficult to persuade them to obtain the necessary treatment for their children. No great improvement in this respect can be expected until a dental clinic is established.

**Crippling Defects.**—Reference to Table III. at the end of the report will show the number of children who were found to be suffering from crippling defects.

### INFECTIOUS DISEASE.

Three school departments were closed during the year on account of the prevalence of infectious disease amongst the children, viz. :—

Christian Church, Mixed Department. Influenza.

Noon of January 14th to January 23rd.

Christian Church, Infants' Department. Chicken-Pox.

March 4th to March 20th.

Chesham, both Departments. Chicken-Pox.

March 4th to March 20th.

The School Medical Officer receives, as Medical Officer of Health, notification of all cases of notifiable Infectious Disease occurring in the Borough, and is thus enabled to take prompt action when necessary.

### " FOLLOWING UP."

Medical Inspection is obviously of very little use unless those children who are found to be suffering from some disease or defect are " followed up " in order to ensure that the necessary treatment is obtained. The procedure adopted in this Borough is as follows :

A note is at once sent to the parent informing him of any abnormal condition discovered, and urging him to obtain appropriate treatment. After an interval the house is visited by the nurse and enquiries made as to whether treatment has been obtained. If not, a further note is sent, and after another interval the house is again visited. These visits are repeated as often as necessary, but owing to the unsatisfactory replies often given by parents and the difficulty experienced by the Nurses, with the

limited time at their disposal, in getting into touch with the latter (many of them being out at work at the time of the visit), they are, as far as possible, induced to attend the clinic. In this way many more parents are prevailed upon to obtain medical treatment for their children, and by calling up the latter from time to time the receipt of such treatment can be verified.

In certain special cases (defective vision, tonsils and adenoids, &c.) arrangements are made, where necessary, for the child to receive treatment under the scheme of the Local Authority. Such schemes at present in operation are detailed in a succeeding paragraph.

All children found to be defective on inspection are re-examined by the Medical Officer on his next visit to the school in order to ascertain whether treatment has been obtained, and, if so, the result of same.

The institution of the School Clinic has greatly facilitated the work of "following up." Frequently, parents who have received notice of defect or disease in their children, and who have not been present at the inspection, have attended at the Clinic to obtain further particulars as to what treatment is required. It is thus possible to explain the condition much more fully than can be done by letter, with the result that treatment is often obtained in cases which would otherwise remain untreated.

During the year the School Nurses have carried out the following visits, &c. :—

Number of visits to school departments in connection with medical inspection ... ..	304
Number of visits to schools to examine children for cleanliness ... ..	281
Number of visits and re-visits to homes ... ..	669
„ examinations for cleanliness ... ..	13,010
„ visits with children to Ophthalmic Surgeon's rooms ... ..	32

The number of visits and re-visits to homes has shown for some time past a gradual decline. It has been found much more satisfactory, from every point of view, to interview parents at the Clinic, as they are there seen by the Medical Officer, and the importance of treatment can be pointed out. The children can also be more conveniently examined for the results of treatment.

## MEDICAL TREATMENT.

**Minor Ailments.**—Some years ago, a Clinic for the treatment of Minor Ailments was opened at the Public Health Office. The accommodation consists of a waiting and treatment room. The necessary sterilising and minor surgery appliances and a weighing machine were provided.

The Clinic is open six days a week during school terms. Children attend from 9 to 10 a.m., when they are seen by the Medical Officer. They are either treated or referred to their own doctor in the case of children having a regular medical attendant.

The School Nurse on duty deals with cases requiring special treatment and excluded children after 10 a.m., and is frequently so engaged until after 11 a.m. Specials and children requiring more than one daily treatment are seen by appointment later in the day.

An arrangement has been made by which children are provided with a small attendance card which they bring to and from school. On this card, which is available for a month, is noted the date of each attendance and the time of arrival and departure, and when the child is to re-attend.

The records of the Clinic are kept on a Card Index system. On each card are the particulars of the child, its defect, and whether attending as result of school inspection or sent by teacher, doctor, or parent. On the card are also recorded the treatment and condition on discharge, with the date of each attendance, the time of arrival and departure, and the period of any exclusion.

To reduce to a minimum the period of absence from school every school exclusion is recorded on a chart, so that it is under constant observation till the child is fit to return.

One of the nurses on duty is in charge of the booking while the Clinic is open, and a monthly summary is made of all attendances in accordance with the above particulars.

The number of children who attended during the year is as follows :—

Number of children attending from 1924... ..	282
„ „ discharged ... ..	553
„ „ still attending at end of 1925 ... ..	378
„ fresh children who attended during 1925 ...	649
„ attendances ... ..	5,170
Clinic open ... ..days	265
Average attendance per child ... ..	5.5
Average daily attendance ... ..	19.5

In addition to the above, 166 children attended on two successive days for mydriatic application before seeing the School Oculist for purposes of refraction.

Altogether 598 parents were seen at the Clinic during the course of the year. This was largely in connection with defects found in the course of Medical Inspection.

The work of the School Clinic is still increasing, the number of attendances in 1925 being 5,170, compared with 4,453 in the previous year. The number of fresh children sent to the Clinic, however, shows a diminution.

Much prolonged treatment is caused by children ceasing to attend the Clinic before being cured, and then relapsing and coming back in as bad a state as they were at the commencement of their treatment.

**Tonsils and Adenoids.**—Many of the cases requiring operative interference are treated by general practitioners. Arrangements have now been made with the Board of the Bury Infirmary under which certain cases are treated at that Institution and the fees paid by the Education Committee. When the Education Committee considers that the parents are able to pay the whole or part of the cost, efforts are made to recover the amount.

During the year 118 cases of Adenoids or Enlarged Tonsils received some form of treatment. Of these, 42 received operative treatment—32 under the Local Authority's scheme and 10 by private practitioner or otherwise.

The reduction in the number of cases treated under the Local Authority's Scheme is accounted for by the fact that, owing to an

outbreak of Scarlet Fever at the Bury Infirmary, no cases were admitted for treatment for a period of several weeks.

**Tuberculosis.**—Cases of Pulmonary Tuberculosis occurring in the Borough are sent for treatment to the Institutions of the Bury and District Joint Hospital Board, but the Board does not admit children under 14. The majority of such cases are treated at the Bury Tuberculosis Dispensary, and a few find their way to outside institutions.

An agreement is in force between the Bury Corporation and the Bury Infirmary, under which cases of Non-Pulmonary Tuberculosis occurring in the Borough are treated at that Institution. Such treatment is available for school children.

Arrangements have been made with the Manchester and Salford Hospital for Skin Diseases, whereby patients from the Borough suffering from Tuberculosis of the Skin could attend and receive appropriate treatment. These arrangements extend also to children of school age.

The following table shows the number of cases of definite or suspected Tuberculosis which have received Institutional treatment during the year :—

At the Bury Dispensary :	No.	Total No. of Days.
Boys ... ..	15	775
Girls ... ..	19	984
At the Bury Infirmary :	No.	Total No. of Days.
Boys ... ..	2	130
Girls ... ..	1	35
At the Manchester and Salford Hospital for Diseases of the Skin :	No.	Total No. of Days.
Boys ... ..	0	0
Girls ... ..	1	(out-patient)

**Skin Disease.**—The majority of the cases of Skin Disease occurring among school children were treated at the Minor Ailments Clinic. Further particulars will be found in Table IV., Group I., at the end of this Report.

**External Eye Disease.**—The same remarks apply to cases of External Eye Disease. Particulars of cases treated will be found in Table IV., Group II.

**Vision.**—The majority of children suffering from defective vision are now examined by the Ophthalmic Surgeon to the Local Authority.

On the day preceding the examination the Nurse introduces atropine into the eyes of the children, and is present at the examination.

The number of children treated for errors of refraction is smaller than usual. This is due to the unfortunate death of Dr. Smith, the late Ophthalmic Surgeon to the Local Education Authority, and to the unavoidable delay in appointing a successor. During the year 182 children have been submitted to refraction. Twenty-three of these were already provided with spectacles which were found to be satisfactory, and six were found not to require spectacles. In the remaining 144 cases glasses were prescribed, and 142 had obtained them by the end of the year.

In cases where the parent cannot afford to pay for glasses the Education Committee pay the cost wholly or in part. The number of cases in which such assistance was rendered was 15. In each case spectacles were provided free.

At a census taken in the middle of the year of all the Elementary Schools in the Borough, 483 children out of 583 known to require spectacles were wearing them habitually (82.8%). The number of children wearing glasses is still increasing, and in several schools now approaches 100%.

Cases are continually arising where the parent refuses or neglects to provide the necessary spectacles for his child. These parents are interviewed by the Care of Children Section of the Education Committee and warned that, unless spectacles are obtained within a reasonable time, further action will be taken. In every case, so far, this has had the desired effect.

Further particulars as to treatment of Defects of Vision will be found in Table IV., Group II.

**Ear Disease and Hearing.**—No special treatment is provided apart from that which may be obtained at the School Clinic. As will be seen from Table IV., Group I., 52 cases of Minor Ear Defect have been treated at the Clinic and 18 have been treated elsewhere during the year.

**Dental Defects.**—There has been no improvement in the number of children obtaining treatment for Dental Defects, nor is any to be expected until a Dental Clinic is provided.

**Crippling Defects and Orthopædics.**—No special provision has hitherto been made for dealing with these defects, but the matter is now receiving the consideration of the Local Authority. Many of the sufferers attend the local Infirmary or the Manchester Children's Hospital.

**Co-operation of Parents.**—Notice is sent to the parent of every child of the date and time of inspection, and the parent is invited to attend. The percentage of parents attending was :—

“ Entrants ”	... ..	54.9%
“ Intermediates ”	... ..	18.1%
“ Leavers ”	... ..	4.6%

Particulars of the methods used to ensure the further co-operation of parents in securing treatment for their children are given in another portion of the report.

**Co-operation of Teachers.**—Many of the teachers render invaluable assistance in connection with the medical inspection and treatment of the children. In many cases the teacher is present at the inspections, and any defects found are pointed out. The teacher is thus enabled to explain to the parent in a subsequent interview the importance of obtaining treatment, and so to assist the Medical Officer very substantially.

**Co-operation of School Attendance Officers.**—The School Attendance Officers assist the School Medical Officer in many ways, and interviews are constantly taking place between them and the School Medical Staff. Their services are specially valuable in connection with the Minor Ailments Clinic, as they are able to secure the attendance of the children in a way that would be otherwise impossible.

Mention should here be made of the co-operation of the Inspector for the National Society for the Prevention of Cruelty to Children. The Inspector pays regular visits to the School Medical Department and discusses with the staff cases which it is thought advisable to keep under observation. His work is most valuable and helpful.

## **OPEN-AIR EDUCATION.**

There are no open-air day or residential schools in the Borough. In summer many of the classes are held in the playgrounds, and visits are made to the various recreation grounds.

## **PHYSICAL TRAINING.**

The Organiser of Physical Training reports as follows:—

During the year ending December, 1925, the arrangements for the organisation of Physical Training have been the same as for the previous year.

Provision for daily physical training lessons and weekly organised games periods has been made fairly general in school time-tables.

Lack of good playground accommodation, simple playground shelters, and suitable indoor accommodation continues to prevent many children from receiving the benefits of proper attention to their physical well-being.

During the year the temporary use of one small but well-placed field was secured, but the general provision of suitable and accessible playing spaces still remains totally inadequate.

Games material such as footballs, rubber balls, rounder bats, stoolball bats, skipping ropes, &c., has been supplied to schools to supplement their stocks and to replace worn out material.

During the year two classes of instruction for teachers in physical training and games have been conducted.

## **PROVISION OF MEALS.**

During the year it was found necessary to provide 11,333 meals to school children—less than half the number provided in the previous year. All were dinners and, with the exception of 636 supplied to children attending an outlying school, were provided by and served at four restaurants in various parts of the town. The average total cost per meal was 6.72d. The cases were selected by the application of a scale, approved by the Board of Education, taking into consideration income and number in family.

### **SCHOOL BATHS.**

No Baths are provided at any of the schools. The Baths Committee, however, provide facilities by allowing the Elementary School children the use of the Public Swimming Baths. The Education Committee arrange for the attendance of classes of children during school hours, and during the summer months 14,938 attendances were made.

### **BLIND, DEAF, DEFECTIVE, AND EPILEPTIC CHILDREN.**

No schools for the treatment of these children have so far been provided by the Local Education Authority, but Blind and Deaf children are sent to outside institutions. The Authority hopes in the near future to provide a school for mentally defective children. There is no provision for Epileptics.

During the year four children were maintained at an institution for the Blind.

Four children were inmates of institutions for the Deaf, and one was a day pupil.

### **NURSERY SCHOOLS.**

No nursery schools have been provided in the area.

## SECONDARY SCHOOLS.

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The children attending the Secondary Schools (the Municipal Secondary School and the Junior Technical School) were inspected for the first time in 1920. During the year under review every child in each school has been medically inspected.

The total number inspected was 488 (a decrease of 4 on the previous year). All the children in these schools are inspected annually. Particulars as to age and sex of the children inspected will be found in the following table :—

Age	10	11	12	13	14	15	16	17	18	19	Total
Boys ...	2	36	49	86	65	33	10	3	4	—	288
Girls ...	1	31	32	33	37	31	13	11	9	2	200
Totals ..	3	67	81	119	102	64	23	14	13	2	488

As in the case of Elementary School children, the schedule of the Board of Education has been followed in its entirety.

Interference with the school routine was, as far as possible, avoided. The Head Masters of the two schools very kindly placed their rooms at my disposal, and I desire to express my thanks to them and to the other members of the staff for their interest in the work of Medical Inspection and for their valuable assistance.

### FINDINGS OF MEDICAL INSPECTION.

**Uncleanliness.**—The standard of cleanliness in the Secondary Schools continues to be high, only 9 children out of the 488 inspected being found to require attention in this respect. Eight of these were cases of neglected heads and one of uncleanliness of body.

**Minor Ailments** are referred to under their respective headings.

**Tonsils and Adenoids.**—Thirteen children were found to have enlarged tonsils. Two of these were considered to require treatment, and the rest were referred for observation.

Three children were referred for treatment for adenoids only.

Two children were referred for treatment for the two conditions combined.

**Enlarged Glands.**—Four cases of Enlarged Cervical Glands came under notice, of which one was referred for treatment and the remaining three for observation.

**Tuberculosis.**—One case of Tuberculosis of the hip was referred for observation.

**Skin Diseases.**—No cases of skin disease were found during the year.

**External Eye Diseases.**—Four cases of Blepharitis were found and were all referred for treatment.

**Defective Vision.**—Twelve cases of seriously defective vision were found, and these were all referred for treatment. These were chiefly among the children who were admitted to the schools during the year under review, but a very few were children who had been referred for treatment on a previous occasion. In these cases a strongly worded notice was sent to the parent.

**Ear Disease and Defective Hearing.**—Two cases of Otitis Media were referred for treatment. No cases of Defective Hearing were discovered.

**Dental Defect.**—Fifty-nine children were found to have four or more carious teeth, and were referred for treatment. Many other children had already received conservative treatment from a dentist before presenting themselves for inspection.

**Crippling Defects.**—Several cases of very slight Flat Foot and Spinal Curvature have come under notice, and were referred for observation. One case of Infantile Paralysis was also placed under observation.

**Heart and Circulation.**—Six cases of Organic Heart Disease were referred for treatment and three were referred for observation. Several of these had already been under the care of medical practitioners.

Four cases of Functional Heart Disease and one case of Anæmia were referred for observation.

**Infectious Disease.**—No action in respect of Infectious Disease was necessary during the year.

### MEDICAL TREATMENT.

**Uncleanliness.**—Of the eight cases of uncleanliness of head referred for treatment, four were thoroughly cleansed and four were found to have greatly improved at the date of re-inspection. The child referred for treatment for dirty body was still in an unsatisfactory condition when re-inspected.

**Minor Ailments.**—Four children from the Secondary School attended the Minor Ailments Clinic. One was suffering from Impetigo and three from Dirty Heads. All were discharged cured.

**External Eye Disease and Defective Vision.**—Twelve new cases of Defective Vision were referred for treatment; all underwent ophthalmoscopic examination, and one child had left school before re-examination. Spectacles were prescribed in nine cases, and in each instance had been obtained at the time of re-inspection.

Four cases of Blepharitis were referred for treatment, and at the time of re-inspection one was cured and the other three improved.

**Ear Disease and Hearing.**—The two children referred for treatment from Otitis Media were both found to have improved at the date of re-inspection.

**Dental Defect.**—Fifty-nine children suffering from Dental Defect were referred for treatment. Of these 27 received no treatment, and in two cases no information was obtained. Of the remaining 28, five had received thoroughly satisfactory treatment and 25 had had one or more extractions or fillings.

**Nose and Throat.**—Of the two cases of enlarged tonsils referred for treatment, one underwent operation and the other received no treatment. The three cases of adenoids all received operative treatment. Of the two children suffering from the two defects combined, one underwent operation and the other remained untreated.

**Glands.**—On re-examination the one child referred for treatment was found to be cured.

**Nervous System.**—The child referred for treatment for Chorea was found to be greatly improved.

**Heart and Circulation.**—Six cases of organic Heart Disease were referred for treatment, and of these four showed marked improvement, whilst the remaining two were unchanged.

**Co-operation of Parents.**—Very few parents now attend the inspections except in the case of entrants.

### **CONTINUATION SCHOOLS.**

There are at present no Continuation Schools in the Borough.

## ELEMENTARY SCHOOLS.

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### TABLE I.

### Return of Medical Inspections.

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#### A.—ROUTINE MEDICAL INSPECTIONS.

Number of Code Group Inspections :—

Entrants.....	865
Intermediates .....	633
Leavers .....	750
	<hr/>
Total.....	2248
	<hr/>

Number of other Routine Inspections ... ..	<hr/>
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#### B.—OTHER INSPECTIONS.

Number of Special Inspections .....	486
Number of Re-inspections.....	2606
	<hr/>
Total.....	3092
	<hr/>

TABLE II.

**A.—Return of Defects found by Medical Inspection in the  
Year ended 31st December, 1925.**

DEFECT OR DISEASE.	ROUTINE INSPECTIONS.		SPECIAL INSPECTIONS	
	Number of Defects.		Number of Defects.	
	Requiring treatment.	Requiring to be kept under observation, but not requiring treatment.	Requiring treatment.	Requiring to be kept under observation but not requiring treatment.
(1)	(2)	(3)	(4)	(5)
<b>MALNUTRITION</b> .....	..	38	5	..
<b>UNCLEANLINESS :</b>	(See Table IV., Group. V.)			
<b>SKIN :</b> Ringworm : Scalp .....	2	..	12	..
Ringworm : Body .....	2	..	22	..
Scabies .....	2	..	..	..
Impetigo .....	17	..	84	..
Other Diseases (Non-Tubercular)	8	5	39	..
<b>EYE :</b> Blepharitis .....	10	3	25	1
Conjunctivitis .....	3	3	17	..
Keratitis .....	2	..	2	..
Corneal Opacities .....	2	1	2	..
Defective Vision (excluding Squint) .....	211	21	13	20
Squint .....	13	..	10	..
Other Conditions .....	..	1	13	..
<b>EAR :</b> Defective Hearing.....	1	6	4	3
Otitis Media .....	30	8	12	1
Other Ear Diseases .....	2	..	3	..
<b>NOSE &amp; THROAT :</b>				
Enlarged Tonsils only.....	42	57	17	..
Adenoids only .....	23	44	14	4
Enlarged Tonsils and Adenoids	38	18	6	2
Other Conditions .....	3	3	12	..
<b>ENLARGED CERVICAL GLANDS</b> (Non-Tubercular) .....	16	46	10	1
<b>DEFECTIVE SPEECH</b> .....	..	10	..	3
<b>TEETH :</b> Dental Diseases.....	..	..	..	..
<b>HEART AND CIRCULATION :</b>				
Heart Disease : Organic .....	..	38	2	1
„ „ Functional....	..	22	2	1
Anæmia .....	2	16	5	2
<b>LUNGS :</b>				
Bronchitis .....	10	63	9	1
Other Non-Tubercular Diseases	1	5	2	..
<b>TUBERCULOSIS :</b>				
<b>Pulmonary :</b>				
Definite .....	1	..	1	..
Suspected .....	3	11	8	..
<b>Non-Pulmonary :</b>				
Glands.....	4	7	6	..
Spine .....	..	1	..	..
Hip .....	..	2	..	..
Other Bones and Joints .....	..	..	..	..
Skin.....	1	1	..	..
Other Forms .....	1	2	1	..
<b>NERVOUS SYSTEM :</b>				
Epilepsy .....	..	2	1	1
Chorea .....	3	5	6	1
Other Conditions .....	1	23	3	..
<b>DEFORMITIES :</b>				
Rickets .....	..	10	..	..
Spinal Curvature .....	1	9	3	..
Other Forms .....	6	8	..	..
<b>OTHER DEFECTS &amp; DISEASES</b>	16	52	49	8

TABLE II.—Continued.

**B.—Number of Individual Children Found at Routine Medical Inspection to require Treatment (excluding Uncleanliness and Dental Diseases).**

Group.	Number of Children		Percentage of Children found to require treatment.
	Inspected.	Found to require treatment.	
(1)	(2)	(3)	(4)
Code Groups :—			
Entrants .....	865	53	6'1
Intermediates .....	633	90	14'2
Leavers .....	750	84	11'2
Total (Code Groups) .....	2248	227	10'0
Other Routine Inspections.....	—	—	—

TABLE III.

## Return of all Exceptional Children in the Area.

			Boys	Girls.	Total.
Blind (including partially blind).	(i.) Suitable for training in a School or Class for the totally blind.	Attending Certified Schools or Classes for the Blind.....	1	..	1
		Attending Public Elementary Schools	..	..	..
		At other Institutions.....	..	..	..
		At no School or Institution .....	..	..	..
	(ii.) Suitable for training in a School or Class for the partially blind.	Attending Certified Schools or Classes for the Blind.....	2	1	3
		Attending Public Elementary Schools	..	..	..
		At other Institutions.....	..	..	..
		At no School or Institution .....	..	..	..
Deaf (including deaf & dumb & partially deaf)	(i.) Suitable for training in a School or Class for the totally deaf or deaf and dumb.	Attending Certified Schools or Classes for the deaf .....	2	2	4
		Attending Public Elementary Schools	..	..	..
		At other Institutions.....	..	..	..
		At no School or Institution .....	..	..	..
	(ii.) Suitable for training in a School or Class for the partially deaf.	Attending Certified Schools or Classes for the deaf .....	1	..	1
		Attending Public Elementary Schools	..	..	..
		At other Institutions.....	..	..	..
		At no School or Institution.....	..	..	..
Mentally Defective.	Feeble-minded (cases not notifiable to the Local Control Authority).	Attending Certified Schools for Mentally Defective Children ..	..	..	..
		Attending Public Elementary Schools	30	16	46
		At other Institutions.....	..	..	..
		At no School or Institution .....	..	..	..
	Notified to the Local Control Authority during the year.	Feeble-minded .....	2	2	4
		Imbeciles .....	..	3	3
		Idiots.....	..	..	..
		Attending Certified Schools (Special) for Epileptics .....	..	..	..
Epileptics.	Suffering from severe epilepsy.	In Institutions other than Certified Special Schools.....	..	..	..
		Attending Public Elementary Schools	..	..	..
		At no School or Institution .....	2	1	3
		Attending Public Elementary Schools	..	1	1
	Suffering from epilepsy which is not severe.	At no School or Institution .....	2	1	3
		At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board .....	..	..	..
		At other Institutions .....	..	..	..
		At no School or Institution .....	6	4	10
	Infectious, Pulmonary and Glandular Tuberculosis.	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board .....	..	..	..
		At Certified Residential Open-Air Schools .....	..	..	..
		At Certified Day Open-Air Schools..	..	..	..
		At Public Elementary Schools.....	..	..	..
	Non-infectious but active Pulmonary and Glandular Tuberculosis.	At other Institutions .....	..	..	..
		At no School or Institution .....	4	..	4
		At Certified Residential Open-Air Schools .....	..	..	..
		At Certified Day Open-Air Schools..	..	..	..
	Delicate children (e.g., pre or latent tuberculosis, malnutrition, debility anæmia, etc).	At Public Elementary Schools.....	44	65	109
		At other Institutions .....	..	..	..
		At no School or Institution .....	3	9	12
		At Sanatoria or Hospital Schools approved by the Ministry of Health or the Board .....	..	..	..
	Active non-pulmonary Tuberculosis.	At Public Elementary Schools.....	..	..	..
		At other Institutions .....	..	..	..
		At no School or Institution .....	3	5	8
		At Certified Hospital Schools .....	..	..	..
	Crippled Children (other than those with active tuberculous disease), e.g., children suffering from paralysis, etc., and including those with severe heart disease.	At Certified Residential Cripple Schools .....	..	..	..
		At Certified Day Cripple Schools....	..	..	..
		At Public Elementary Schools.....	14	13	27
		At other Institutions.....	..	..	..
		At no School or Institution .....	2	..	2

TABLE IV.

# Return of Defects treated during the year ended 31st December.

## TREATMENT TABLE.

GROUP I—MINOR AILMENTS (excluding Uncleanliness, for which see Group V).

Disease or Defect.	Number of Defects treated or under treatment during the year.		
	Under Local Education Authority's Scheme	Otherwise	Total.
(1)	(2)	(3)	(4)
Skin—Ringworm, Scalp .....	18	2	15
Ringworm, Body .....	24	2	26
Scabies .....	...	2	4
Impetigo.....	94	15	109
Other Skin Disease .....	39	4	43
Minor Eye Defects—External and other, but excluding cases falling in Group II.....	67	15	82
Minor Ear Defects .....	52	16	68
Miscellaneous—e.g. minor injuries, bruises, sores, chilblains, &c. ....	65	...	65
Total.....	356	56	412

GROUP II—DEFECTIVE VISION AND SQUINT (excluding Minor Eye Defects treated as Minor Ailments—Group I).

Defect or Disease.	Number of Defects dealt with.			
	Under the Authority's Scheme.	Submitted to Refraction by private practitioner or at Hospital apart from the Authority's Scheme.	Otherwise	Total.
(1)	(2)	(3)	(4)	(5)
Errors of Refraction—(including Squint)	178	7	2	182
Other Defect or Disease of the Eyes (excluding those recorded in Group I)	...	...	...	...
Total .....	178	7	2	182

TABLE IV.—Continued.

Total number of children for whom spectacles were prescribed :

- (a) Under the Authority's Scheme.....137  
 (b) Otherwise ..... 7

Total number of children who obtained or received spectacles :

- (a) Under the Authority's Scheme .....135  
 (b) Otherwise ..... 7

GROUP III—TREATMENT OF DEFECTS OF NOSE AND THROAT.

Number of Defects.				
Received Operative Treatment.			Received other forms of Treatment.	Total Number Treated.
Under Local Education Authority's Scheme. Clinic or Hospital.	By Private Practitioner or Hospital.	Total.		
(1)	(2)	(3)	(4)	(5)
32	10	42	76	118

GROUP V—UNCLEANLINESS AND VERMINOUS CONDITIONS.

- (i). Average number of visits per school made during the year by the School Nurses ..... 4  
 (ii). Total number of examinations of children in the Schools by School Nurses.....13010  
 (iii) Number of individual children found unclean ..... 39  
 (iv). Number of children cleansed under arrangements made by the Local Education Authority ..... 33  
 (v). Number of cases in which legal proceedings were taken :  
     (a) Under the Education Act, 1921 ..... —  
     (b) Under School Attendance Bye-laws ..... —

